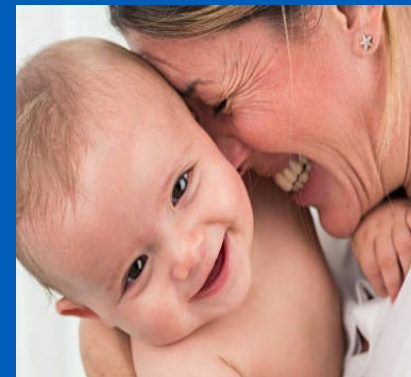


Vaccination in Leicester City: targeting resource where need is greatest

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Vaccination in Leicester City

Targeting resources to areas of need

Use local uptake data to identify gaps, then take vaccination and trusted conversations into the places where people already are.

See the gap

Using published City uptake, practice-level intelligence and cohort insight to identify where access and follow-up are weakest.

Move the offer

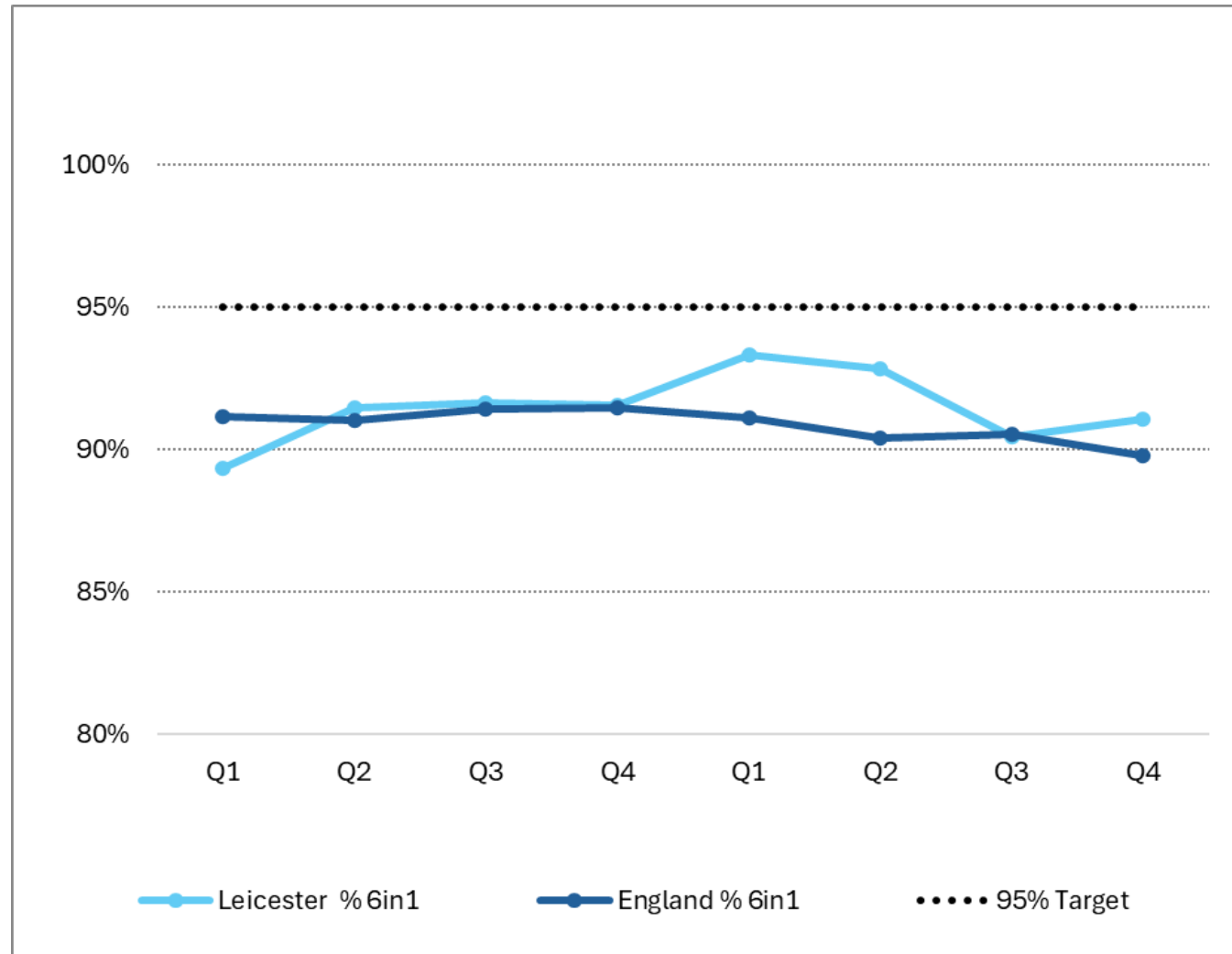
Deploying roving healthcare units (RHUs), community pharmacies (CPs) and supervaccinators in schools, on education campuses, trusted venues and in priority neighbourhoods.

Build trust

Co-designing with schools, universities, Public Health, faith networks and VCSE partners, then adapt delivery to what communities tell us.

6-in-1: Leicester remains below the 95% national target

Quarterly place level coverage, 2024/25 to 2025/26



6-in-1 % Coverage

6-in-1 is a single combined injection that protects babies against 6 potentially life-threatening diseases: diphtheria, tetanus, pertussis, polio, haemophilus influenzae type b (Hib), and hepatitis B.

The primary course is offered at 8,12 & 16 weeks. An additional 6-in-1 dose at 18 months applies under the revised routine schedule introduced from July 2025.

What the gap shows

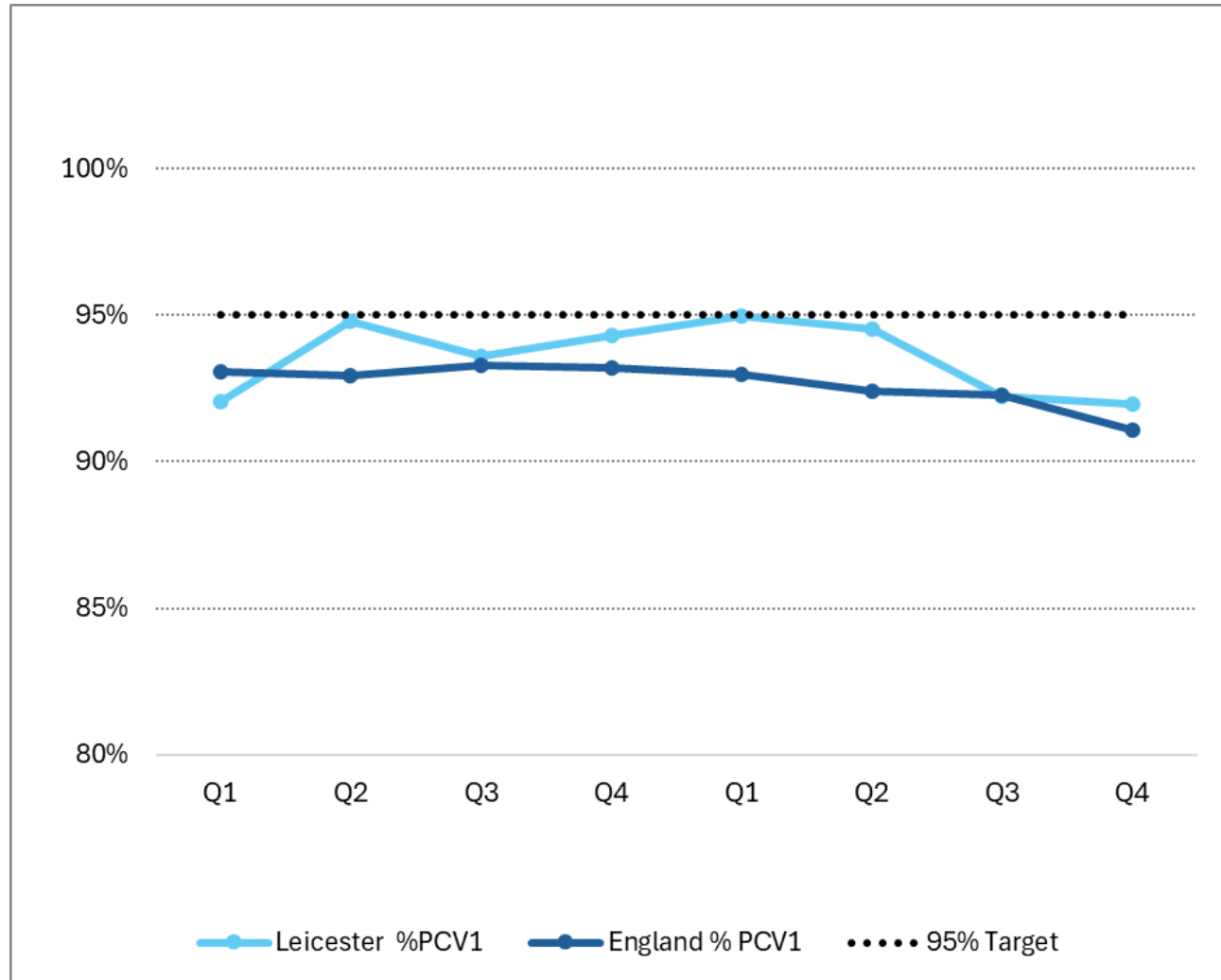
Leicester City remains below the 95% coverage ambition. Improvement is not yet consistently sustained across the period shown.

Priority response

Strengthening GP practice call/recall and focusing on additional access where opportunities are greatest.

PCV1: Improvement is not yet consistently sustained

Quarterly place level coverage, 2024/25 to 2025/26



PCV1 % Coverage

Pneumococcal conjugate vaccine (PCV1) protects babies against serious bacterial infections pneumonia, meningitis, and sepsis.

Offered at 12 weeks of age, followed by a booster on or shortly after the first birthday.

What the gap shows

Leicester City remains below the 95% coverage ambition.

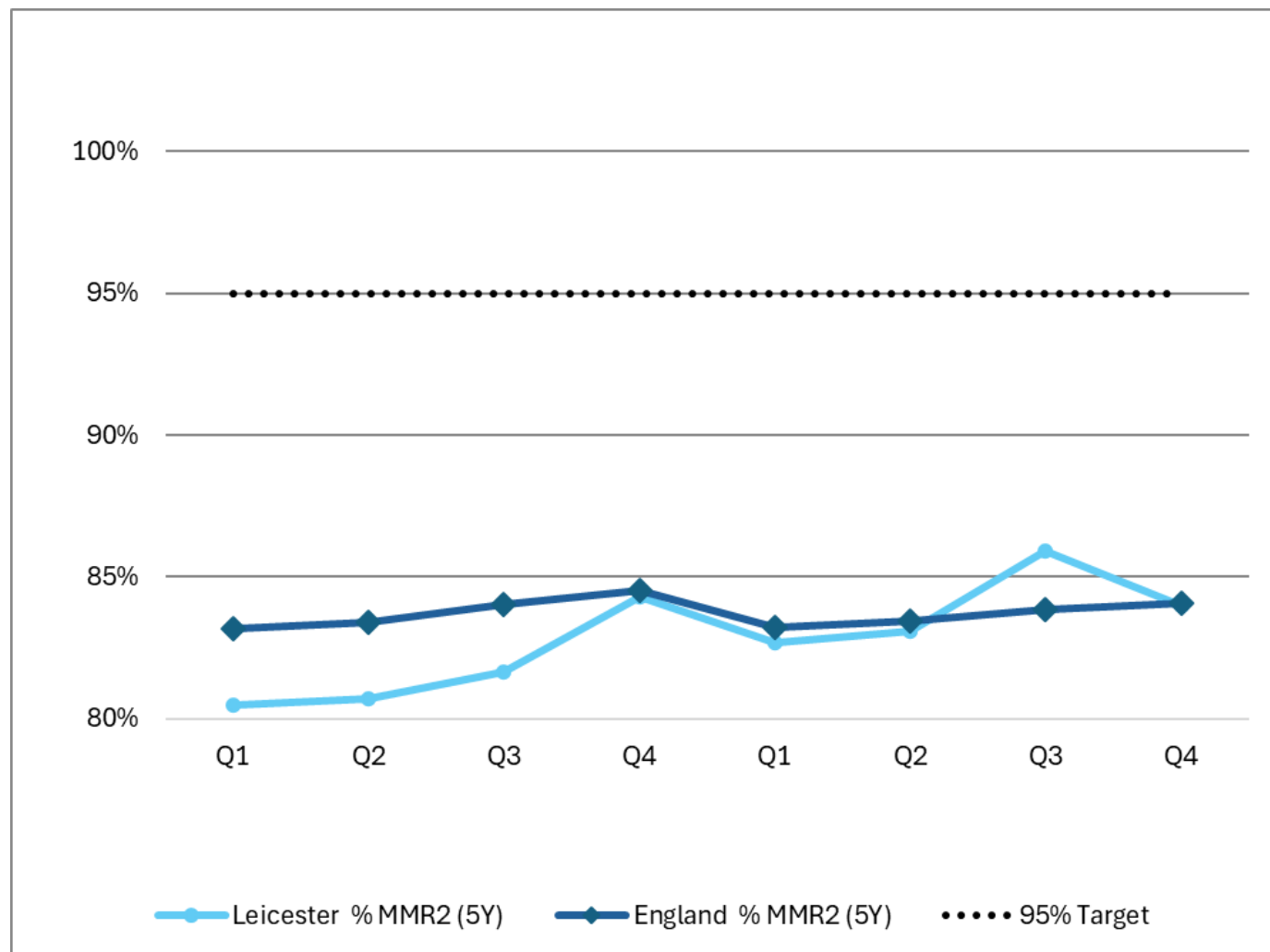
Recent quarterly movement should be interpreted cautiously: PCV1 coverage also fell nationally in the latest quarter, and quarterly estimates can be affected by cohort and population changes. Local practice-level intelligence is being used to identify persistent gaps requiring action.

Priority response

Using GP practice-level intelligence to target call/recall and provide additional outreach access where coverage remains lowest.

MMR2 at 5 years: Improvement but the City gap remains material

Quarterly place level coverage, 2024/25 to 2025/26



MMR2 (5 years) % Coverage

Historically, the second dose was offered at around 3 years and 4 months. Under the revised schedule, it is offered at 18 months for eligible cohorts, with catch-up available at any later age.

Two doses provide around 99% protection against measles, compared with around 93% after one dose.

What the gap shows

Leicester City remains below the England average and the 95% national coverage target. Improvement is evident, supporting continued focus on identification and catch-up of missed second doses.

Priority response

Using GP practice level intelligence to identify missed second doses and provide repeat catch-up opportunities in school and through outreach activities in the community.

HPV Year 8: Leicester remains well below England uptake

Published Year 8 coverage, academic year 2024/25



HPV Year 8 % Coverage

HPV vaccine is routinely offered to girls and boys in school Year 8. Since September 2023, most eligible young people need one dose.

NHS England ambition: eliminate cervical cancer by 2040.

What the gap shows

Leicester City is 21.0% below England for girls, and 22.8% below England for boys. Both are also well below the World Health Organisation 90% ambition for girls to be vaccinated by age 15.

Priority response

Using school-level uptake and consent intelligence to target follow-up, repeat offers and accessible catch-up routes in the lowest uptake schools and communities and via GP call/recall.

Winter flu vaccination in people aged 65+: the City gap remains

Final published end-of-season uptake, 2025/26

Leicester City
64.3%

Midlands
74.7%

England
74.5%

WHO target
75.0%

What the gap shows

Leicester City is 10.2% below England and 10.7% below the 75% WHO target. The local gap remains material despite a broadly stable national position.

Priority response

Core offer: GPs and CPs remain the core vaccination routes.

Targeted follow-up: Strengthened invitation, call/recall and follow-up of missed opportunities.

Additional access: Using RHUs, supervaccinators and trusted community venues where routine vaccination offers are insufficient.

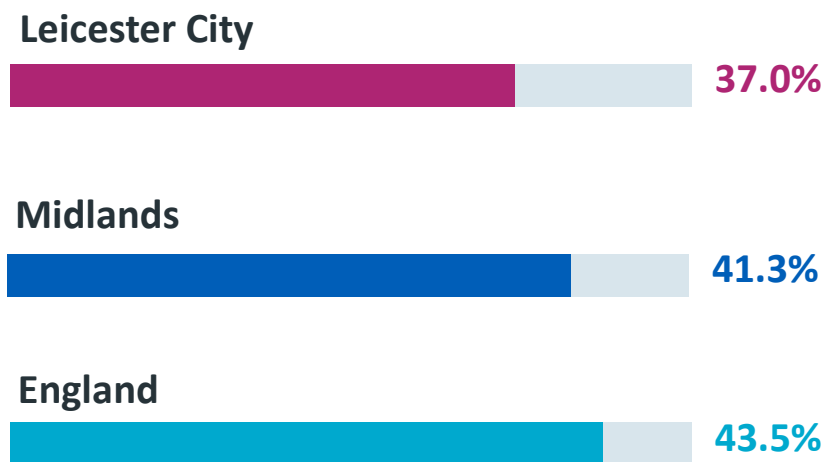
Assurance focus: Tracking completed vaccinations to keep pace with the England campaign average vaccination uptake.

Flu vaccine is routinely offered to people aged over 65 years; people aged under 65 years in a clinical risk group, pregnant women, 2 & 3-year-olds, and school-aged children and frontline health and social care workers. Eligibility has been extended to people experiencing homelessness for the first time this autumn/winter.

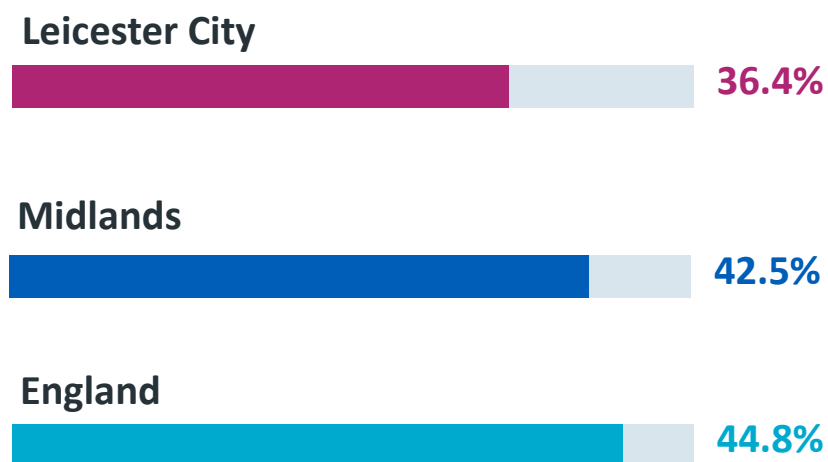
Winter flu vaccination in 2- and 3-year-olds: Leicester remains below England

Final published end-of-season uptake, 2025/26

2-year-olds



3-year-olds



Flu vaccine is routinely offered to people aged over 65 years; people aged under 65 years in a clinical risk group, pregnant women, 2 & 3-year-olds, and school-aged children and frontline health and social care workers. Eligibility has been extended to people experiencing homelessness for the first time this autumn/winter.

What the gap shows

Leicester City is 6.5% below England for 2-year-olds and 8.4% below for 3-year-olds. The wider gap in 3-year-olds suggests a need for repeated offers, not a single invitation.

Priority response

Strengthening GP call/recall and follow-up after non-response

Making full use of CP access alongside GP vaccination clinic opportunities.

Linking Family Hubs, nurseries and trusted community routes to a confirmed vaccination offer.

New initiative: Family Hubs walk-in vaccination clinics opening across the city; first one opens at New Parks Family Hub every Tuesday throughout Nov, from 10am to 4pm.

Targeted vaccination support is being directed into Leicester City



RHUs, supervaccinators and commissioned outreach supplement routine GP practice and CP provision where local intelligence identifies additional need

How additional support is deployed

Data-led targeting

Published uptake, GP practice and cohort intelligence, school-level information and community insight are used to identify where routine provision may need to be supplemented.

Roving Healthcare Units (RHU)

Mobile, walk-in vaccination sessions in agreed community locations, including homelessness services, education settings, community events and priority neighbourhoods.

Supervaccinators

A flexible clinical workforce used for smaller or shorter clinics where a full RHU is not proportionate, including support for priority GP practices and community venues.

Community pharmacy (CP) outreach

Commissioned outreach activity in education, care and community settings, alongside the established fixed-site CP offer.

Need → resource → local access

Real example: taking prevention to The Bridge

Multi-partner outreach for people experiencing homelessness

86

TB chest X-rays

32

Flu vaccinations

Wider support

Sputum samples taken where needed and conversations about wider health needs.

Why this model matters

Trusted venue

Delivered where people already access support.

Multiple partners

System-wide partner/provider collaboration to meet community needs.

Practical access

Walk-in delivery reduced dependence on appointments and GP registration.

Targeted support supplements routine provision by bringing flexible clinical delivery into settings and communities where additional access is needed.

RHU & Supervaccinator support in Leicester City

From 1 April to 19 October 2026

1,640

Vaccinations given:
RHU 358 +
Supervaccinators 1,282

60

RHU sessions at 38
different City venues

1,281

Childhood
immunisations given at
4 City GP practices

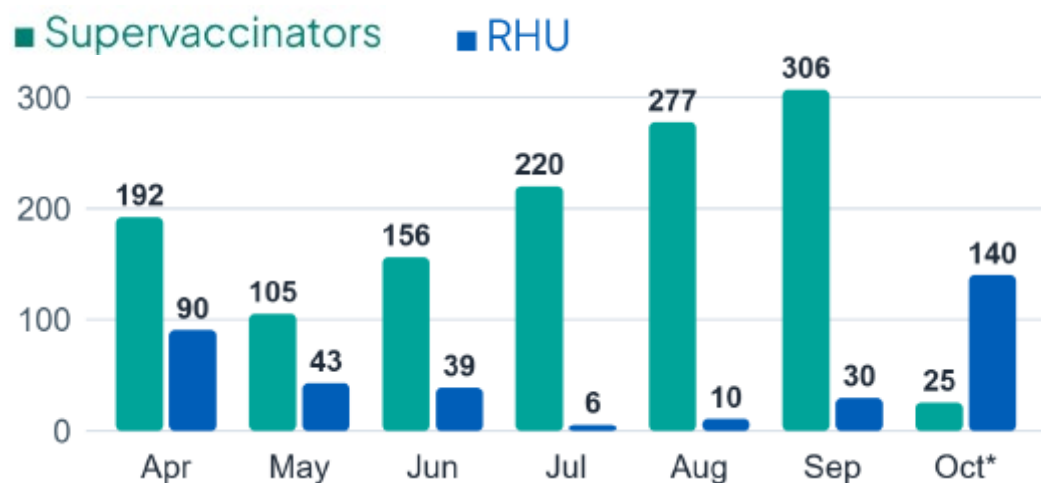
390

Blood pressure checks,
with high readings
referred onwards

766

MECC health and
wellbeing
conversations

All vaccinations administered by month:



Some of the overall numbers of vaccines delivered by RHU & supervaccinators include:
Flu 123, COVID 78, HPV 43, MenACWY 38, RSV 22, 6-in-1 415, MenB 311, PCV 201, Rota 180.

Flu for the homeless

The Bridge – 6 Oct

32 flu vaccinations in 1 day, working side-by-side with TB screening and other partner services. Repeat visits already arranged.

Braunstone: additional local access provided

A none AW25 vaccination venue. Since April: 6 sessions and 46 vaccines delivered, including 35 COVID/flu on 6 Oct assessment day.

Finding hidden risk

School A-level results-day visit uncovered a student's heart arrhythmia, also 40 BP checks at Winners Chapel found 10 abnormal readings requiring onward referral.

Young people protected

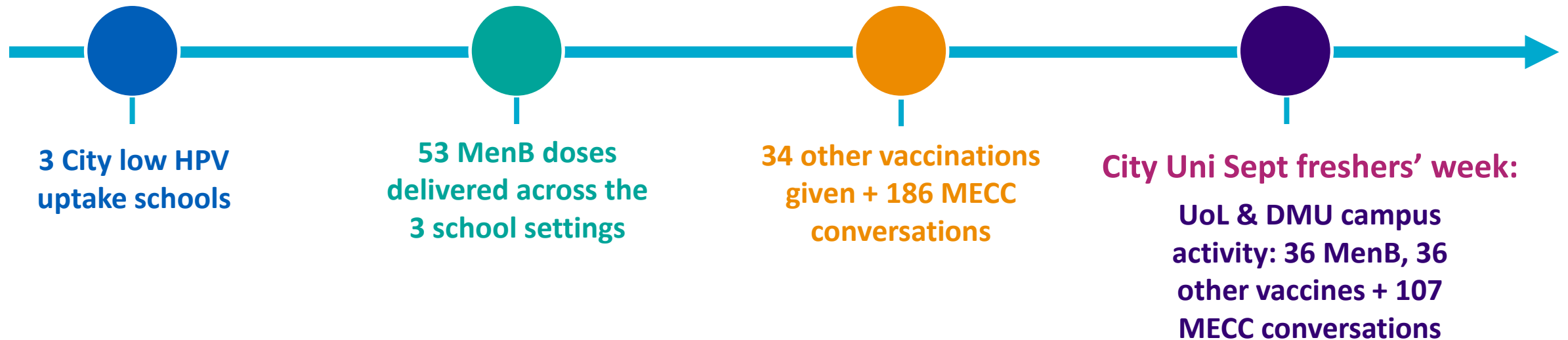
Gateway College: 5 visits and 66 vaccines

Uni freshers' week: 43 HPV and 38 MenACWY vaccinations.

New MenB: Reaching young people at key transition points

Taking the offer to A-level results day and university freshers' week; not relying on young people to find it themselves

3-Week multi partner mobilisation led to A-level results day, 13 August: providing MenB and other catch-up vaccinations & MECC interventions:



Building on this: repeat campus and transition point offers; link comms to confirmed clinic dates; use learning from school and university delivery to plan future catch-up vaccination activity; report doses and reach separately from population uptake.

School-aged vaccination: targeted & bespoke improvements



A clearer pathway from invitation and consent to vaccination and catch-up

School Age Immunisation Services

Flu: offered in primary and secondary schools from Sept to Dec

HPV: offered in secondary schools from Jan to March

MenACWY & Td/IPV: offered in secondary schools to Year 9s from April.

Catch-up vaccine opportunities, including MMR offered all year round.

What is underway

- **Priority-school micro-plans:** school-specific action based on uptake and local barriers
- **Consent improvement:** MAVIS enables parents to respond digitally and receive reminders; paper and supported routes remain available where needed.
- **Follow-up:** separate refusals from no response, absence and consent where vaccination was not completed, then make a repeat offer.

More ways to access

- In-school vaccination sessions and GP catch-up clinics
- Repeat offers available through RHUs, Specialist Sexual Health Services and community settings
- FE, 6th form and university routes, including opportunities for young people who change their minds.

MenACWY: protects against 4 strains of meningococcal bacteria that cause life-threatening meningitis and sepsis. **Td/IPV:** a 3-in-1 booster injection that protects against tetanus, diphtheria, and polio.

City approach: convert consent into completed vaccination by tracking non-response, absence and missed vaccination separately, then providing repeat and alternative offers.

Partnership

Targeted support

Repeat opportunities

Long-term change

Community investment: what partners delivered and what we learned

Trusted organisations turned information into conversations, booking support, referrals and vaccination access

GATE

Used outreach and trusted community champions to improve access and health engagement with Gypsy, Roma and Traveller communities.

Wesley Hall

Used familiar community routes to support diverse families, migrants and refugees with awareness and signposting.

PEARL Initiative CIC

Linked four community locations to the RHU, providing eligibility advice, referrals and vaccination.

St Philip's Centre

Fatih-based discussions explored concerns and misinformation and identified trusted ways to communicate.

MamaDoc

Delivered 14 midwife-led drop-ins, with culturally sensitive advice, myth-busting information, booking support and follow-up.

Communities & Wellbeing Hub

Used schools and community networks to reach families, support tailor-made Q&A and strengthen volunteer health literacy.

Next step: connect community engagement more consistently to a confirmed bookable or walk-in vaccination offer.

Winter vaccination: protect those at greatest risk & reduce inequalities



Integrated flu and COVID-19 delivery, supported by targeted outreach where routine vaccination routes are insufficient

Protect vulnerable cohorts

Older people; care-home residents; people with long-term conditions or weakened immunity; pregnant women; eligible children; carers; frontline health and care staff; and people experiencing homelessness.

Maintain priority pathways

Dedicated assurance for care homes, housebound people, targeted routes for immunosuppressed patients; and mitigation where a usual provider has opted out or cannot deliver.

Target lower uptake

Use practice, cohort, deprivation and community insight to focus communication and access on neighbourhoods and ethnic communities where uptake is consistently lower.

What this means in Leicester City

Mixed access

GP practices and community pharmacies remain the core vaccination routes, supported by RHUs, supervaccinators and trusted and recommended community venues.

Trusted communication

Using ICB, Local Authority, GP practices, education providers, CPs, care homes, faith groups and VCSE comms channels, to provide vaccine information, eligibility, clinic information, booking routes, etc. Formats and language are adapted for the audience.

Active follow-up

Cohort-level identification, invitation and recall; care home assurance; and rapid follow-up where geographic or cohort gaps emerge.

Assurance focus: strong universal offer, with additional resource directed to the cohorts and communities least likely to be reached through routine delivery alone.

Going forward: build on what is working

Continue targeted access, strengthen follow-up and connect engagement directly to vaccination

More targeted access

Continued working with Public Health and VCSEs to agree RHU, supervaccinator and community pharmacy outreach, with venue choices informed by lower uptake neighbourhoods, communities and groups to improve access and community intelligence.

Winter protection

Maintaining tailored flu and COVID-19 pathways for the eligible groups with particular assurance for older adult care home residents, housebound people, immunosuppressed patients and people less likely to access routine services.

Better follow-up

Strengthened GP practice call/recall, MAVIS reminders, repeat school offers and alternatives after absence or non-response. Linking comms to confirmed dates and locations.

How councillors can help

- Champion vaccination messages through trusted local networks
- Identify and suggest neighbourhood venues and underserved groups we may be missing
- Join and shape the Vaccination and Screening Forum with VCSE partners
- Reinforce accurate and accessible messages and share feedback on barriers and gaps.

Future community funding is not yet confirmed. If available, the proposal is to connect funded engagement to a bookable or a walk-in vaccination offer and agree measures for reach, completed vaccinations and learning

Key risks and assurance for Leicester City

Transparent about the constraints, with clear mitigations and partnerships

Coverage remains below ambition

Risk: persistent gaps may leave some children and vulnerable adults under protected.

Assurance: City-level published trend, practice/cohort intelligence, call/recall and repeat access.

Access and consent barriers

Risk: digital-only consent, language, trust, mobility and provider capacity can reduce completion.

Assurance: paper alternatives where needed, translated information, trusted partners and accessible catch-up routes.

Activity does not equal uptake

Risk: outreach counts can show reach but not population coverage where no denominator exists.

Assurance: label sources and measures clearly; report delivery, reach and uptake separately.

Resource must follow need

Risk: additional activity may not reach the neighbourhoods and communities with the greatest barriers.

Assurance: document how locations are selected and use councillor/VCSE intelligence to challenge gaps.

Partnership ask: tell us where current routes are not working, which trusted venues should be used, and which communities need a different approach.

ICB resources, governance and risks: preparing for April 2027

Resources, clear ownership and specialist support must be maintained through transition

1 Resources in place

Vaccination, immunisation and screening leadership; programme and inequalities capacity; Public Health expertise; data, comms and provider support across GP practices, CPs and outreach routes.

2 Local commissioning focus

Commissioning will focus on outcomes, inequalities and the needs of local communities, using published data for assurance and operational intelligence for action.

3 Commissioning transfer

Strategic commissioning of immunisation and screening programmes transfers on 1 April 2027.

4 Specialist support

The Office for Pan ICBs (OPIC), comprising former NHS England teams, will provide specialist commissioning and public health expertise.

5 Key risks and assurance

Risks: unequal uptake; short-term funding; workforce capacity; fragmented data; complex schedule changes; inconsistent access; and transition of responsibilities.

Assurance: clear ownership, multiple access routes, targeted resource, consent follow-up and programme governance.

Governance aim: a safe transition that protects delivery while strengthening local focus on uptake and inequalities.

Thank You

